



Statewide Health Care Core Measure Set  
**Technical Work Group on Chronic Measures**

Meeting #5: Friday, October 3, 2014

9:00 – 11:00 am

Meeting Summary

Agenda Item	Summary of Work Group Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance, welcomed the group. Meeting attendance is recorded on page three of this meeting summary. The slide deck for this meeting is available upon request; please contact Susie Dade at <a href="mailto:sdade@wahealthalliance.org">sdade@wahealthalliance.org</a> .
II. Action on Measures from Non-work Group Members	<p>Susie shared comments received by a non-work group member, and relayed the discussion of mental health measures during the 10-2-14 Prevention Measures Work Group meeting.</p> <p>The group voted to adopt an SBIRT measure (Measure #129) as a way to “shine a light” upon the service and increase screening as well as improve the use of appropriate codes to facilitate improved measurement in the future.</p> <p>Susie Dade then reported that in response to feedback received during the 9-5-14 Performance Measures Coordinating Committee meeting she had obtained the following input on potential cancer care and HIV/AIDS care measures:</p> <ul style="list-style-type: none"><li>• Cancer care: Scott Ramsey recommended two measures: 1) use of hospice &gt; 7 days prior to death, and 2) use of chemotherapy in the last 90 days of life.</li><li>• HIV/AIDS care: Cheri Levenson from DOH recommended two measures: 1) HIV medical visit frequency, and 2) HIV viral load suppression.</li></ul> <p>The group declined to add hospice use due to concern about &lt; 65 population size for this measure. The group recommended adoption of chemotherapy to place attention on an important opportunity to improve value but only <u>if the measure can be generated using claim data alone</u> (this needs to be verified). If a measure is included in the starter set, the group recommends using NQF #2010 which addresses use of chemotherapy in the last 14 days of life.</p> <p>Cheri Levenson said that the state’s DOH HIV surveillance system could provide the data for the viral load suppression measure. The group decided not to endorse adoption of either HIV measure because the Prevention Measures Work Group has already endorsed an HIV screening measure.</p> <p>The <b>results from this discussion</b> are reflected starting on page four of this summary.</p>

Agenda Item	Summary of Work Group Activity and/or Action(s)
III. Action on Cost Measures Proposal	<p>Susie Dade explained the capability does not exist to measure cost across all payers in the state today. For the starter set, she proposed three measures: 1) per capita health spending for Medicaid, 2) per capita spending for public employees and dependents (including public schools if possible), and 3) annual state-purchased health care spending growth relative to the CPI. She also proposed three measures for potential future adoption (i.e., for “parking lot” status): 1) total cost of care or PMPM cost measures, 2) cost of potentially avoidable services, and 3) pricing for similar types of hospitalizations, treatments and/or procedures most prevalent among the working-age population.</p> <p>Following discussion, the work group voted to adopt the proposal.</p>
IV. Determine Units of Analysis for Each YES Measure	<p>Susie Dade led a discussion of units of analysis of each recommended measure for the starter set, continuing the discussion of the prior work group meeting. See the <b>results from this discussion</b> starting on page four of this meeting summary.</p>
V. Review Scoring Criteria for Each YES Measure	<p>Susie Dade led a discussion of scoring criteria relative to each recommended measure for the starter set.</p>
VI. Next Steps and Wrap-up	<p>In preparation for future discussions, staff will:</p> <ol style="list-style-type: none"> <li>Research whether the measure use of chemotherapy in the last 14 days of life (NQF #0210) can be generated <u>using claims alone</u>.</li> <li>Score the recommended cost measures against the measure selection criteria.</li> <li>Survey all three work groups and the Performance Measures Committee with every measure on the three parking lot lists, asking people to pick their highest priority measure topics for future inclusion in the measure set.</li> </ol> <p>The next workgroup meeting is scheduled for Tuesday, October 14, from 9:00 – 11:00 am. At that time the work group will review the set of recommended chronic illness measures as a whole.</p>

**October 3, 2014 Attendance/Committee members:**

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Christopher Dale	Swedish Health Services	X		
Stacey Devenney	Kitsap Mental Health Services	X		
Baily Raiz for Erin Hafer	Community Health Plan of WA		X	
Kimberley Herner	UW/Valley Medical Center Network	X		
Jutta Joesch	King County	X		
Dan Kent	Premera Blue Cross	X		
Julie Lindberg	Molina Health Care of WA	X		
Paige Nelson	The Everett Clinic		X	
Kim Orchard	Franciscan Health System	X		
Larry Schecter	WA State Hospital Association	X		
Julie Sylvester	Qualis Health	X		

**Attendance/Staff:**

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Alice Lind	WA State Health Care Authority
Michael Bailit	Bailit Health Purchasing, LLC (telephone)

**Attendance by Phone/Other (Public):**

Farrell Adrian

Lisa Butler, Washington State Hospice and Palliative Care Organization

Kate Cross, WA State Department of Health

Jody Daniels, GlaxoSmithKline

Cheryl Farmer, WA State Department of Health

Cheri Levensen, WA State Department of Health

Trish McDaid-O'Neill, AstraZeneca

Laura Simonds, NAMI

Ann Simons, GlaxoSmithKline

William Struyk, Johnson & Johnson

**October 3, 2014**

The following measures have been reviewed by the workgroup and considered **YES** (n=19). This list is a running tally of decisions made to date.

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description	Comments
116	Use of Appropriate Medications for Asthma (ASM)	0036	NCQA	Asthma	Claims	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Measure at the medical group, health plan and county levels
119	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	0577	NCQA	COPD	Claims	The percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	NCQA is considering retiring <i>for accreditation purposes</i> due to concerns about measure set size and a focus on outcome measures, but has no plans to remove from the HEDIS measure set.
13	Anti-depressant Medication Management (AMM)	0105	NCQA	Depression	Claims	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.	Measure at the medical group, health plan and county levels
31	Comprehensive Diabetes Care: Eye Exam	0055	NCQA	Diabetes	Claims	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	Measure at the medical group, health plan and county levels
37	Comprehensive Diabetes Care: Medical Attention for Nephropathy	0062	NCQA	Diabetes	Claims	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	Measure at the medical group, health plan and county levels
34	Comprehensive Diabetes Care: Hemoglobin A1c testing	0057	NCQA	Diabetes	Claims	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.	Small opportunity for improvement, but still important Measure at the medical group, health plan and county levels

October 3, 2014

The following measures have been reviewed by the workgroup and considered **YES** (n=19). This list is a running tally of decisions made to date.

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description	Comments
92	Pharmacy: Percent Generic (one rate for each: Antacid, Antidepressants, Statins, ACE and ARBs, ADHD)	NA	Washington Health Alliance Homegrown	Medication Management and Generic Use	Claims	<ul style="list-style-type: none"> <li>Percentage of Generic Prescriptions for ACE inhibitors or angiotensin II receptor blockers (ARBs).</li> <li>Percentage of Generic Prescriptions for attention deficit hyperactivity disorder (ADHD) Medications</li> <li>Percentage of Generic Prescriptions for PPIs (proton pump inhibitors)</li> <li>Percentage of Generic Prescriptions for SSRIs, SNRIs, and other Second Generation Antidepressants</li> <li>Percentage of Generic Prescriptions for Statins</li> </ul>	There are five measure components. Workgroup consider as one measure.
1	ACE-I/ARB: Persistent use with lab monitoring	NA	NCQA	Hypertension and Cardiovascular Disease	Claims	<ul style="list-style-type: none"> <li>Percent of patients who received 180 treatment days of ACE inhibitors or ARBs during the measurement year who had at least one serum potassium and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year.</li> </ul>	
18	ASCVD: Use of statins	NA	American College of Cardiology & American Heart Association	Hypertension and Cardiovascular Disease	Claims	<ul style="list-style-type: none"> <li>Cholesterol-Lowering Medication for Patients with Coronary Artery Disease</li> </ul>	Measure at the medical group, health plan and county levels

### October 3, 2014

The following measures have been reviewed by the workgroup and considered **YES** (n=19). This list is a running tally of decisions made to date.

Identifier (#)	Name of Measure	NQF #	Steward	Category	Data Source	Measure Description	Comments
186	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	0541	Pharmacy Quality Alliance	Medication Management and Generic Use	Claims	Percentage of patients 18 years and older who met the proportion of days covered threshold of 80% during the measurement year. Rate is calculated separately for the following medication categories: Beta-Blockers, ACEI/ARB, Calcium-Channel Blockers, Diabetes Medication, Statins	
30	Comprehensive Diabetes Care: Controlling High Blood Pressure	0061	NCQA	Diabetes	Clinical Data	Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is <140/90 MM hg during the measurement year.	For health plan reporting
33	Comprehensive Diabetes Care: HbA1c Poor Control	0059	NCQA	Diabetes	Clinical Data	Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c > 9.0% during the measurement year.	For health plan reporting
38	Controlling High Blood Pressure	0018	NCQA	Hypertension and Cardiovascular Disease	Clinical Data	Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year.	For health plan reporting
134	Chronic Obstructive Pulmonary Disease (PQI-5)	0275	AHRQ	COPD	Claims	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.	For state-level reporting
129	SBIRT Service Penetration	N/A	Washington State Homegrown	Substance Abuse	Claims	Percentage of members who had an outpatient visit and who received SBIRT service during the measurement year or the year prior to the measurement year.	Measure at the state and county levels

**October 3, 2014**

The following measures have been reviewed by the workgroup and considered **YES** (n=19). This list is a running tally of decisions made to date.

TBD	Proportion receiving chemotherapy in the last 14 days of life	0210	American Society of Clinical Oncology	Cancer	Claims	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life. ( <i>pending conformation of availability using claim data only</i> )	Measure at the state and county levels
TBD	Medicaid per capita spending	N/A	Washington Health Alliance	Cost	Claims	TBD: Total Medicaid Spending in CY/Total # of Medicaid Beneficiaries in CY	Measure at the state and county levels
TBD	Public employee and dependent per capita spending	N/A	Washington Health Alliance	Cost	Claims	TBD	Measure at the state and county levels Include public schools if possible
TBD	Annual state-purchased health care spending growth relative to the CPI	N/A	Washington Health Alliance	Cost	Claims	TBD	Measure at the state and county levels

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
136	Asthma in Younger Adults Admission Rate (PQI #15)	0283	AHRQ	Asthma	Claims	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years.	Already have another asthma measure
91	Pharmacotherapy Management of COPD Exacerbation (PCE)	0549 (no longer endorsed)	NCQA	COPD	Claims	The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid within 14 days of the event. 2. Dispensed a bronchodilator within 30 days of the event.	No longer endorsed by NCQA.
178	COPD: spirometry evaluation	0091	AMA-PCPI	COPD	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented	Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks.
179	COPD: Bronchodilator Therapy	0102	AMA-PCPI	COPD	Claims and Clinical Data	Percentage of symptomatic patients with COPD who were prescribed an inhaled bronchodilator	Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
182	Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization (PQI)	1891	AHRQ	COPD	Claims	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) for patients discharged from the hospital with either a principal diagnosis of COPD or a principal diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. A specified set of planned readmissions do not count as readmissions. The target population is patients 40 and over. CMS will annually report the measure for patients who are 65 years or older, are enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals.	Denominator too small

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
183	Management of Poorly Controlled COPD	1825	ActiveHealth Management	COPD	Claims and Clinical Data	The percentage of patients age 18 years or older with poorly controlled COPD, who are taking a long acting bronchodilator.	Requires clinical data and using claims data only is likely to result in under-reporting and would not allow for a comparison with national benchmarks.
128	Mental Health Penetration	NA	Washington State-Defined	Depression	NA	Percent of adults identified as in need of mental health treatment where treatment is received during the measurement year	Not a true access measure. Unsure how the data would be captured at this point. State may be collecting data on DHS population.
131	Suicide and Drug Overdose Mortality Rates	NA	Washington State-Defined	Depression	NA	Age-adjusted rate of suicide per 100,000 covered lives	
36	Comprehensive Diabetes Care: LDL-C Screening	0063	NCQA	Diabetes	Claims	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an LDL-C test during the measurement year.	NCQA is dropping this measure from the HEDIS measure set.
35	Comprehensive Diabetes Care: LDL-C Control <100 mg/dL	0064	NCQA	Diabetes	Claims and Clinical Data	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.	Consider statin measure as an alternative. LDL guideline changed.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
185	Diabetes Mellitus and Medication Possession Ratio for Chronic Medications	0545	CMS	Diabetes	Claims and Clinical Data	The measure addresses adherence to three types of chronic medications; statins, angiotensin converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs) and oral hypoglycemic agents. The measure is divided into three submeasures.	
184	Optimal Diabetes Care	0729	MN Community Measurement	Diabetes	Claims and Clinical Data	The percentage of adult diabetes patients who have optimally managed modifiable risk factors (A1c, LDL, blood pressure, tobacco non-use and daily aspirin usage for patients with diagnosis of ischemic vascular disease) with the intent of preventing or reducing future complications associated with poorly managed diabetes.	Work Group recommendation to consider a national control composite measure in the future when a reportable measure exists.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
196	Diabetes: Foot Exam	0056	NCQA	Diabetes	Clinical Data	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection with either a sensory exam or a pulse exam) during the measurement year.	An important clinical component but can't be reported at this point.
194	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	0088	AMA-PCPI	Diabetes	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	
195	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	0089	AMA-PCPI	Diabetes	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
195	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	0089	AMA-PCPI	Diabetes	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	
29	Comprehensive Diabetes Care (Composite Measure: CDC)	0731 (no longer endorsed)	NCQA	Diabetes	Claims and Clinical Data	<p>The percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> <li>- Hemoglobin A1c (HbA1c) testing (NQF #0057)</li> <li>- HbA1c poor control (&gt;9.0%) (NQF #0059)</li> <li>- HbA1c control (&lt;8.0%) (NQF #0575)</li> <li>- HbA1c control (&lt;7.0%) for a selected population*</li> <li>- Eye exam (retinal) performed (NQF #0055)</li> <li>- LDL-C screening (NQF#0063)</li> <li>- LDL-C control (&lt;100 mg/dL) (NQF #0064)</li> <li>- Medical attention for nephropathy (NQF #0062)</li> <li>- BP control (&lt;140/90 mm Hg) (NQF #0061)</li> <li>- Smoking status and cessation advice or treatment</li> </ul>	

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
150	Percentage of Adults (aged 18 years or older) with Diabetes Having Two or More A1c Tests in the Last Year	NA	Behavioral Risk Factor Surveillance System (BRFSS)	Diabetes	Survey	Percentage of Adults (aged 18 years or older) with Diabetes Having Two or More A1c Tests in the Last Year	This is patient-reported data. Very small response rate.
138	Annual Pediatric Hemoglobin A1C Testing for Children/Adolescents with Diabetes	0060	NCQA	Diabetes	Claims and Clinical Data	Percentage of pediatric patients aged 5-17 years of age with diabetes who received an HbA1c test during the measurement year	
133	Diabetes Short-term Complications (PQI #1)	0272	AHRQ	Diabetes	Claims	The number of discharges per 100,000 MM age 18+ for diabetes short-term complications.	Already have other better diabetes measures
221	Diabetes: Appropriate Treatment of Hypertension	0546	Pharmacy Quality Alliance	Diabetes: BP	Clinical Data	The percentage of patients who were dispensed a medication for diabetes and hypertension that are receiving an angiotensin-converting –enzyme-inhibitor (ACEI) or angiotensin receptor blocker (ARB) or direct renin inhibitor (DRI) renin-angiotensin-antagonist medication.	
40	DM: BP <140/80	NA		Diabetes: BP	Claims and Clinical Data	Percent of individuals 18-75 years of age with type 1 or type 2 diabetes whose most recent BP was < 140/80.	
127	Alcohol/Drug Treatment Prevention	NA	Washington State-Defined	Drug and Alcohol Use	NA	Percent of adults identified as in need of drug or alcohol (AOD) treatment where treatment is provided during the measurement year.	

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
258	(SUB-3) Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and (SUB-3a) Alcohol & Other Drug Use Disorder Treatment at Discharge	1664	The Joint Commission	Drug and Alcohol Use	Clinical Data	This measure is used to assess the percent of hospitalized patients 18 years of age and older who are identified with an alcohol or drug use disorder who received a prescription at discharge for Food and Drug Administration (FDA)-approved medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.	Unable to capture the data
256	Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence	NA	CMS	Drug and Alcohol Use	Claims or Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12-month reporting period	Unable to capture the data
130	Home and Community-based Long Term Services and Supports Use	NA	Washington State Defined	Functional Status	NA	Proportion of person-months receiving long-term services and supports (LTSS) associated with receipt of services in home- and community-based settings during the measurement year	Not sure of the size of the population or the data source because the measure is not yet implemented.
63	Improving or Maintaining Mental Health	NA		Functional Status	Survey	Percent of Medicare Advantage members contacted for the Health Outcomes Survey whose mental health was the same or better than expected after two years.	Small population, unclear if we have access to data, not very actionable.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
64	Improving or Maintaining Physical Health	NA		Functional Status	Survey	Percent of Medicare Advantage members contacted for the Health Outcomes Survey whose physical health was the same or better than expected after two years.	Small population, unclear if we have access to data, not very actionable.
75	Monitoring Physical Activity	NA		Functional Status	Survey	Percent of Medicare Advantage members contacted for the Health Outcomes Survey who discussed exercise with their doctor and were advised to start, increase or maintain their physical activity during the year.	Small population, unclear if we have access to data, not very actionable.
115	Urinary Incontinence/Improve Bladder Control	NA		Functional Status	Survey	Sample of Medicare Advantage members contacted for the Health Outcomes Survey with a urine leakage problem who discussed the problem with their doctor and got treatment for it within 6 months.	Small population, patient-reported data, not very actionable.
214	CAHPS® Home Health Care Survey	0517	CMS	Functional Status	Survey	CAHPS® Home Health Care Survey, also referred as the “CAHPS Home Health Care Survey” or “Home Health CAHPS” is a standardized survey instrument and data collection methodology for measuring home health patients’ perspectives on their home health care in Medicare-certified home health care agencies.	Work Group recommended future reconsideration of functional assessment measures.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
26	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Control (< 100 mg/dL)) (CMC)	NA	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C control (<100 mg/dL)	Recommendation to consider a statin measure instead since the LDL guideline changed.
54	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	0083	AMA-PCPI	Hypertension and Cardiovascular Disease	Claims and Clinical Data	% of patients aged 18 years+ with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) <40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	small population
27	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)) (CMC)	NA	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C screening.	Doesn't comport with new national guidelines and population focus is too narrow.

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
126	Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	1933	NCQA	Hypertension and Cardiovascular Disease	Claims	The percentage of members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.	
145	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068	NCQA	Hypertension and Cardiovascular Disease	Clinical Data	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	
69	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	75	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).	

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
55	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	81	AMA-PCPI	Hypertension and Cardiovascular Disease	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Too difficult to get ejection fraction information.
17	ASCVD: Use of ACE Inhibitors/ ARBs	NA		Hypertension and Cardiovascular Disease	Claims	Percent of individuals 18-80 years old who were diagnosed with atherosclerotic cardiovascular disease (ASCVD) who had at least one prescription for an ACE inhibitor or angiotensin receptor blocker (ARB) in the last 6 months	
197	Hypertension (HTN): Blood Pressure Measurement	0013	AMA-PCPI	Hypertension and Cardiovascular Disease	Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of hypertension with a blood pressure <140/90 mm Hg OR patients with a blood pressure >= 140/90 mm Hg and prescribed 2 or more anti-hypertensive medications during the most recent office visit within a 12 month period	
193	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy–Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	0066	American College of Cardiology	Hypertension and Cardiovascular Disease	Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	

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Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
189	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	0070	NCQA	Hypertension and Cardiovascular Disease	Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	
190	Ischemic Vascular Disease (IVD): Blood Pressure Management Control	0073	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	The percentage of patients 18 to 75 years of age who were discharged alive with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year:  - Blood pressure control (BP): reported as under control <140/90 mm Hg.	
191	Chronic Stable Coronary Artery Disease: Lipid Control	0074	American College of Cardiology	Hypertension and Cardiovascular Disease	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of CAD seen within a 12 month period who have a LDL-C result <100 mg/dL OR patients who have a LDL-C result ≥100 mg/dL and have a documented plan of care to achieve LDL-C <100mg/dL, including at a minimum the prescription of a statin	
192	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation	0084	AMA-PCPI	Hypertension and Cardiovascular Disease	Claims	Percentage of patients with HF who also have paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy	

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
139	Blood Pressure Screening by 13 years of age	1552	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	The percentage of adolescents 13 years of age who had a blood pressure screening with results during the measurement year or the year prior to the measurement year	
151	Taking medicine for high blood pressure control among adults aged >= 18	NA	Behavioral Risk Factor Surveillance System (BRFSS)	Hypertension and Cardiovascular Disease	Survey	Taking medicine for high blood pressure control among adults aged >= 18	
27	Cholesterol Management for Patients with Cardiovascular Conditions (LDL-C Screening)) (CMC)	NA	NCQA	Hypertension and Cardiovascular Disease	Claims and Clinical Data	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: • LDL-C screening	Doesn't comport with new guidelines and population focus is too narrow.
135	Congestive Heart Failure Admission Rate	0277	AHRQ	Hypertension and Cardiovascular Disease	Claims	Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes cardiac procedure admissions, obstetric admissions, and transfers from other institutions.	Already have cardiovascular health condition measures.

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
12	Annual Monitoring for Patients on Persistent Medications	0021	NCQA	Medication Management and Generic Use	Claims	<p>The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.</p> <ul style="list-style-type: none"> <li>• Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)</li> <li>• Annual monitoring for members on digoxin</li> <li>• Annual monitoring for members on diuretics</li> <li>• Annual monitoring for members on anticonvulsants</li> <li>• Total rate (the sum of the four numerators divided by the sum of the four denominators)</li> </ul>	
120	Warfarin: PT/INR monitoring	0612	Active Health Management	Medication Management and Generic Use	Claims	<p>Percentage of patients taking warfarin who had PT/INR monitoring</p> <p>SPECIFIC EXCLUSIONS</p> <ul style="list-style-type: none"> <li>• Dialysis in the past 4 months</li> <li>• Hospitalization in the past 4 months</li> <li>• Phlebotomy in the past 4 months</li> <li>• Office Visits in the past 4 months</li> </ul>	

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
70	Lab Monitoring for Chronic Meds	NA		Medication Management and Generic Use	Claims	<i>Not provided by payer</i>	
93	Pharmacy: Percent Mail-Order	NA		Medication Management and Generic Use	Claims	<i>Not provided by payer</i>	
286	Chronic Conditions Composite (PQI #92)	NA	AHRQ	Medication Management and Generic Use	Claims	<p>The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period.</p> <p>Report a rate for each of the following:</p> <ul style="list-style-type: none"> <li>• Beta-blocker (BB)</li> <li>• Renin Angiotensin System (RAS) Antagonists</li> <li>• Calcium Channel Blocker (CCB)</li> <li>• Statin</li> <li>• Biguanide</li> <li>• Sulfonylurea</li> <li>• Thiazolidinedione</li> <li>• DiPeptidyl Peptidase (DPP)-IV Inhibitor</li> <li>• Diabetes Roll-up</li> <li>• Anti-retroviral (this measure has a threshold of 90% for at least 2 medications)</li> </ul>	Assessed as inferior to measure #186 because #186 is NQF-endorsed and is otherwise very similar.
58	Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (ART)	0054	NCQA	Other	Claims	The percentage of patients 18 years and older by the end of the measurement period, diagnosed with rheumatoid arthritis and who had at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)	Population too small
74	Migraine: Frequent use of meds/receiving prophylactic meds	NA	Optum	Other	Claims	This measure calculates the percentage of members age 18 or older with migraines frequently taking acute (abortive) medications and taking a prophylactic medication for migraine control	Not a great measure

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
202	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	0086	AMA-PCPI	Other	Claims and Clinical Data	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months	
203	CAHPS® In-Center Hemodialysis Survey	0258	CMS	Other	Survey	Percentage of patient responses to multiple testing tools. Tools include the In-Center Hemodialysis Composite Score: The proportion of respondents answering each of response options for each of the items summed across the items within a composite to yield the composite measure score. ( Nephrologists' Communication and Caring, Quality of Dialysis Center Care and Operations, Providing Information to Patients) Overall Rating: a summation of responses to the rating items grouped into 3 levels	
220	CAHPS® Nursing Home Survey: Discharged Resident Instrument	0691	CMS	Other	Survey	The CAHPS® Nursing Home Survey: Discharged Resident Instrument is a mail survey instrument to gather information on the experience of short stay (5 to 100 days) residents recently discharged from nursing homes. This survey can be used in conjunction with the CAHPS Nursing Home Survey: Family Member Instrument and the Long Stay Resident Instrument. The survey instrument provides nursing home level scores on 4 global items. In addition, the survey provides nursing home level scores on summary measures valued by consumers; these summary measures or composites are currently being analyzed. The composites may include those valued by long stay residents: (1) Environment; (2) Care; (3) Communication & Respect; (4) Autonomy and (5) Activities.	

**October 3, 2014**–The following measures have been reviewed by the workgroup and considered **NO**. These measures will be excluded from further consideration:

Identifier (#)	Name of Measure	NQF #	Steward	Sub Domain	Data Source	Measure Description	Comments
224	CAHPS® Nursing Home Survey	0692-0693	CMS	Other	Survey		
81	Osteoporosis management: Members who had a fracture	NA	AMA	Other	Claims	This measure calculates the percentage of members age 50 years and older with a fracture of the hip, spine or distal radius that had a central DXA measurement or drug therapy to treat osteoporosis.	
228	HIV Viral Load Suppression	2082	HRSA – HIV/AIDS Bureau	Other	Claims and Clinical Data	Number of patients with a diagnosis of HIV, regardless of age, in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.	HIV measure already recommended for measure set
TBD	HIV Medical Visit Frequency	2079	HRSA – HIV/AIDS Bureau	Other	Claims	The percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of a 24-month measurement period with a minimum of 60 days between medical visits.	HIV measure already recommended for measure set
TBD	Use of Hospice > 7 Days Prior to Death	NA	Fred Hutchinson Cancer Center	Cancer	Claims and Death Registry Data		Under 65 population using hospice is small

**October 3, 2014--** The following topics/measures have been excluded from further consideration for the initial list of recommended of measures (“the starter kit”). However, they have been placed on a “parking lot” list which will be shared with the Performance Measures Coordinating Committee along with the initial list of recommended measures. This list reflects topics and/or specific measures that are considered very important for additional consideration and inclusion at a future date, dependent upon (1) the availability one or more nationally vetted measures that are relevant for to a broad cross section of the population, and (2) data that is readily available to enable measurement and reporting at the medical group, hospital, health plan and/or geographic (county) level. This list should be considered draft and will be revisited before final submission to the Performance Measures Coordinating Committee.

Topic	Comments	Potential Measures
1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD)	This is a claims-based measure. Considered very important but not as a priority for the starter set. Consider for future measure sets.	Measure #50 (NQF #0108): Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase
2. Diabetes composite measure	The work group would like to see the inclusion of a nationally-vetted composite measure that includes outcomes at the point which the Alliance is able to measure all of the components of the measure.	
3. Diabetes: ACE/ARB	The work group would like to see the inclusion of a nationally-vetted measure to assess use of ACE inhibitor or angiotensin receptor blocker (ARB) in the diabetic population when one is developed.	
4. Diabetes: statins measure	The work group would like to see the inclusion of a nationally-vetted measure to assess use of statins in the diabetic population when one is developed.	
5. Functional Status	The work group would like to consider adding a functional status measure at a future date.	

Topic	Comments	Potential Measures
6. Additional asthma measures	The work group indicated interest in asthma measures related to adherence and outcomes going forward. These measures require clinical data that we can't access at the moment. The work group would also like future consideration of a patient-centered asthma measure.	Asthma Medication Ratio (AMR) (NQF #1800) (Measure #171) Medication Management for People with Asthma (MMA) (NQF #1799) (Measure #71) Asthma: Pharmacologic Therapy (NQF #0047) (Measure #172) Suboptimal Asthma Control (SAC) and Absence of Controller Therapy (ACT) (NQF #0548) (Measure #173) Relative Resource Use for People with Asthma (NQF #1560) (Measure #174) - for use at the medical group level and not the health plan level
7. Additional COPD measures	The work group would like consideration of a measure of compliance and therapy in the future.	
8. Control of depression	The work group would like to measure depression management through PHQ-9 results.	
9. Drug and alcohol screening and treatment		Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) (NQF #0004) (Measure #65)
10. Management of hypertension	The work group believes that future adoption of a clinical data-based hypertension measure should be a priority, anticipating that the new JNC guidelines will be incorporated into future measure specifications.	Controlling High Blood Pressure (NQF #0018) (Measure #38)
11. Continuity of care	The work group noted this is one of the few considered measures applicable to the legislative directive to look at continuity of care measures. It also relates to other SIM planning work. The measure probably can't be collected with claims.	Advance Care Plan (NQF #0326) (Measure #170)
12. Cost of care		Total cost of care or PMPM cost measures (Measure #TBD) Cost of potentially avoidable services (Measure #TBD) Pricing for similar types of hospitalizations, treatments and/or procedures most prevalent among the working-age population (Measure #TBD)